

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001386

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** KEY BISCAINE 4TH OF JULY PARADE COMMITTEE, INC.

**Current Principal Place of Business:**

260 CRANDON BLVD #12  
KEY BISCAINE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 490835  
KEY BISCAINE, FL 33149

**New Mailing Address:**

**FEI Number:** 65-0402923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STICKNEY, TIM  
260 CRANDON BLVD #12  
KEY BISCAINE, FL 33149 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** FRIED, MARK E  
**Address:** 525 WARREN LANE  
**City-St-Zip:** KEY BISCAINE, FL 33149

**Title:** VPD  
**Name:** RICE, MIKE  
**Address:** 325 REDWOOD DRIVE  
**City-St-Zip:** KEY BISCAINE, FL 33149

**Title:** SD  
**Name:** CORDOVES, JOSE  
**Address:** 320 REDWOOD LANE  
**City-St-Zip:** KEY BISCAINE, FL 33149

**Title:** TD  
**Name:** ESTEVEZ-HAYES, MICHELE  
**Address:** 800 CRANDON BLVD, STE 201  
**City-St-Zip:** KEY BISCAINE, FL 33149

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MARK E. FRIED

PD

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date